

The purpose of the Quick Reference Guide for HL7 Data Exchange On-Boarding is to provide the Senior Prescribing Authority and Legal Signature Authority (if needed) with step-by-step instructions on the on-boarding process. If questions or concerns should arise during the on-boarding process, contact the help desk at 866-439-4082 (select option 2, Immunization Registry).



The Senior Prescribing Authority must have a SCI PAS account to proceed. If the Senior Prescribing Authority does not have a SCI PAS account, please select and print the Quick Reference Guide for Establishing a New Account on the SCI PAS home page (<https://www.scdhec.gov/scipas>) and follow the step-by-step instructions to establish a new account.

Logging into SCI PAS

To begin the on-boarding enrollment process for HL7 Data Exchange with an existing SCI PAS account, Senior Prescribing Authority should go to:

<https://www.scdhec.gov/scipas/>

Senior Prescribing Authority should enter Username and Password. Click **LOGIN**.

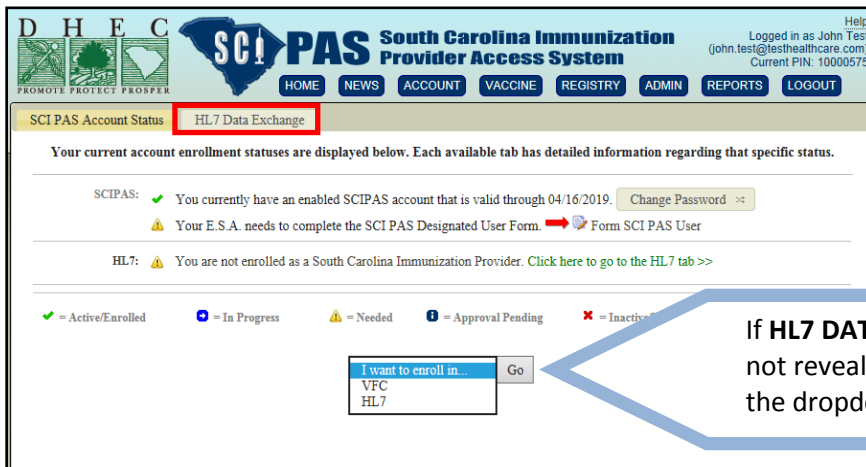
If Senior Prescribing Authority does not remember Username and Password, please contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry) for assistance.

Navigating to HL7 Data Exchange Tab

Senior Prescribing Authority should navigate to the HL7 Data Exchange Tab, click **ACCOUNT** tab.



Click **HL7 DATA EXCHANGE** tab.



If **HL7 DATA EXCHANGE** tab is not revealed, select **HL7** from the dropdown. Then, click **GO**.

SC Immunization Registry Terms of Use, Form DHEC 0867

ON-BOARDING STEP 1:

Click on **FORM DHEC 0867** to complete the South Carolina Immunization Registry Terms of Use. This is a legal document. The Senior Prescribing Authority must complete the form.

The Senior Prescribing Authority must read the South Carolina Immunization Registry Terms of Use.

The Senior Prescribing Authority must complete all required elements of the Terms of Use.

The Senior Prescribing Authority must indicate agreement with Provider Responsibilities by checking each "Agree" box.

The Senior Prescribing Authority must indicate agreement with Certification and Acceptance by checking each "Agree" box.

D H E C **SC! PAS** South Carolina Immunization
Provider Access System

HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT

Print Preview (hit your Browser's "print" key to print)

III. PROVIDER RESPONSIBILITIES

Provider agrees to:

- * Agree ☒ A. Provide and maintain appropriate internet service and computer systems required for Registry access.
- * Agree ☒ B. Ensure that the Provider and Provider's employees and agents with access to the Registry receive training provided by DHEC on proper use of the Registry before gaining access to the Registry, and as required by DHEC for continued access.
- * Agree ☒ C. Execute the DHEC User Confidentiality Agreement and ensure that all employees and agents of the Provider who will have Registry access sign the DHEC User Confidentiality Agreement before receiving access to the Registry. A copy of each authorized user's signed User Confidentiality Agreement must be provided to the DHEC Immunization Division before receiving initial access to the Registry.
- * Agree ☐ D. Maintain all information received and/or printed from the Registry in strict confidentiality as a patient medical record as protected by state and federal laws.
- * Agree ☐ E. Ensure that Registry information is not accessed or disclosed by any of Provider's employees or agents unless required for patient care or as authorized by law.

all computer(s) utilized for Registry access.

Immunization Division upon learning of any actions of an employee or agent these Terms of Use or the User Confidentiality Agreement, including but not sharing identification access or passwords, improper disclosure of Registry confidentiality of Registry information.

Immunization Division if there is any reason to believe that confidentiality or identification and password has been compromised.

Division within ten business days after an employee or agent who is an agent or is no longer authorized to access the Registry on behalf of Provider.

Division if the Provider no longer requires or needs Registry access.

Authorization from the director of the DHEC Immunization Division prior to compiling from the Registry database.

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CERTIFICATION AND ACCEPTANCE

- * Agree ☐ I have read and accept these Terms of Use.
- * Agree ☐ I certify that I am a health care provider in the practice listed below or I am in direct support of, have authority to bind, and made this certification and acceptance on behalf of the health care provider identified below.
- * Agree ☐ I certify that I will use the statewide South Carolina Immunization Registry in this practice solely to update or verify immunization information for purposes of patient treatment or for other purposes allowed by DHEC regulations.
- * Agree ☐ I certify that I understand access to the Registry is to be limited to only those persons in my employ who require access. Employees granted access by the State will be monitored. Employees who fail to comply with the Terms of Use or fail to access the Registry (i.e., log-on) at a minimum of every 30 days will have their access suspended or terminated.
- * Agree ☐ I certify that I understand that access to the Registry implies that I will use the Registry and that said use benefits patients serviced by my office, as well as another provider's office should they seek care elsewhere. Therefore, if my practice does not provide immunization data to the Registry, I understand that access for the entire practice may be terminated.
- * Agree ☐ I understand that providers enrolled in the VFC program who use the Registry to record patient immunization and eligibility data will not be required to submit the annual VFC Provider Profile.

The Senior Prescribing Authority must indicate the Mailing Address.

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Provider Access System

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PROVIDER

Physical Address:

- * Facility or Individual Provider Name: Test Healthcare
- * Facility Address: 99 Test Drive
- * Facility City: Columbia
- * Facility State: South Carolina
- * Facility Zip: 29201

Mailing Address:

- * Mailing Address: 99 Test Drive
- * Mailing City: Columbia
- * Mailing State: South Carolina
- * Mailing Zip: 29201

SENIOR PRESCRIBING AUTHORITY
(MD, DO, APRN, PA, PharmD or RPh)

* Senior Prescribing Authority - Enter your email address as your electronic signature:

* Name of Senior Prescribing Authority:

* Title of Senior Prescribing Authority:

* South Carolina License Number:

* Date Reviewed/Updated:

* Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? ☐ Yes ☒ No

The Senior Prescribing Authority must electronically sign the South Carolina Immunization Registry Terms of Use by entering his/her email address. The Senior Prescribing Authority will also enter name, title, license number and review date.

LEGAL SIGNATURE AUTHORITY
(IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY)

Legal Signature Authority - Enter your email address as your electronic signature:

Name of Legal Signature Authority:

Title of Legal Signature Authority:

Date Reviewed/Updated:

Contact Person

* Name:

* Email:

* Telephone:

* Fax:

If a group, etc.: Employer ID#:

If an enrolled VFC Provider: PIN:

The submit button will not be enabled until the entire form is completed.
DHEC will not review forms until they have been submitted.

[Go to first incomplete entry.](#)

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

The Senior Prescribing Authority must indicate if he/she can legally bind provider.

If the Senior Prescribing Authority **CAN** legally bind provider, indicate **YES** and continue completing the form. If the answer is **YES**, the Legal Signature Authority section does not display.

If the Senior Prescribing Authority **CANNOT** legally bind provider, indicate **NO**. The Legal Signature Authority section displays but fields are locked for Legal Signature Authority. Senior Prescribing Authority must complete the remainder of the form. Later, the Senior Prescribing Authority will create an account for the Legal Signature Authority (page 9).

The Senior Prescribing Authority must enter the contact person's information. This person will serve as your facility's primary contact for DHEC.

If the Senior Prescribing Authority **CAN** legally bind the provider, the Senior Prescribing Authority may submit the form, if entirely completed. If submit is not activated, click on "Go to first incomplete entry".

If the Senior Prescribing Authority **CANNOT** legally bind the provider, the Senior Prescribing Authority may not submit the form. All information is saved. The form will be submitted by the Legal Signature Authority.

If the Senior Prescribing Authority can submit the form, SCI PAS will navigate the Senior Prescribing Authority to the appropriate screen for the next form selection. Skip to **ON-BOARDING STEP 2** below.

If the Senior Prescribing Authority cannot submit the South Carolina Immunization Registry Terms of Use due to Legal Signature Authority requirement, navigate as follows:

Click **ACCOUNT**.

Click **HL7 DATA EXCHANGE**.

HL7 Enrollment Document

HL7 Enrollment document includes technical elements related to data transfers, please contact your EHR vendor for this information. Please consult the HL7 Process Overview for details.

ON-BOARDING STEP 2:

Click on **HL7 Enrollment**.

HL7 Enrollment

* Required ☐ Incomplete

* Select transmission protocol ☐ SFTP ☐ HTTPS

* Direction ☐ Unidirectional ☐ Bidirectional

* Provider Type ☐ Public ☒ Private

* Name of Organization

* Contact Name

* Contact Email

* Telephone

* Organization NPI

* EHR Vendor Name

* EHR Software Name

* Technical IT Contact Name

* Technical IT Contact Telephone

* Technical IT Contact Email

The submit button will not be enabled until the entire form is completed.
DHEC will not review forms until they have been submitted.
[Go to first incomplete entry.](#)

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

HL7 Enrollment Form (Rev. 1/1/2014)

All required fields must be completed. The document adds fields based on responses.

Click **SUBMIT** once all fields have been completed.

Uploading HIPAA Agreement

HL7 Account Status

You are currently enrolling as a South Carolina Immunization Provider.

Please review the [HL7 Process Overview](#) before enrolling.

- 1 Your practice/group Registry enrollment is pending approval.
- 2 Your practice/group enrollment to transmit data using HL7 exchange is pending approval.
- 3 Your practice needs to upload a HIPAA Agreement.

Upload HIPAA Agreement:

☒ = Active/Enrolled
 ☒ = In Progress
 ☒ = Needed
 ☒ = Approval Pending
 ☒ = Inactive/Not Enrolled
 ☒ = Registered

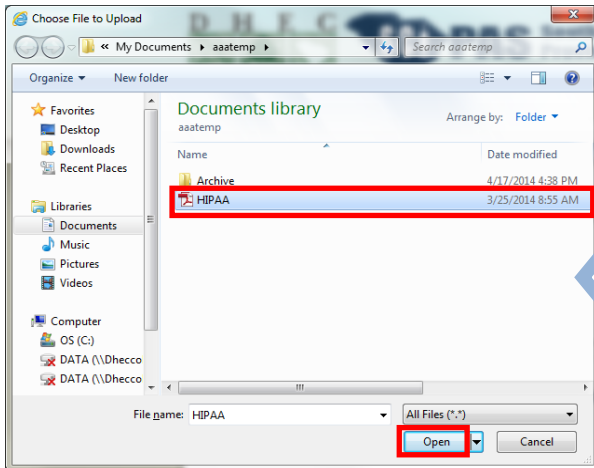
ON-BOARDING STEP 3:

An electronic copy of the HIPAA Business Agreement between the provider and the vendor of the electronic health record (EHR) must be submitted.

To upload the HIPAA Agreement, click **BROWSE**.

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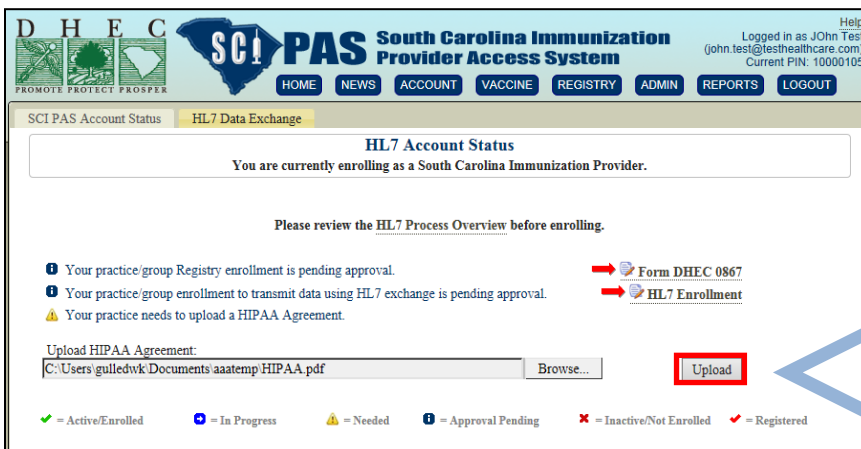
Revision: 05/23/2014



Locate HIPAA Agreement and click **OPEN**.

NOTE: Only the following file types may be uploaded:

- bmp
- csv
- jpg
- pdf
- tif



Click **UPLOAD**.

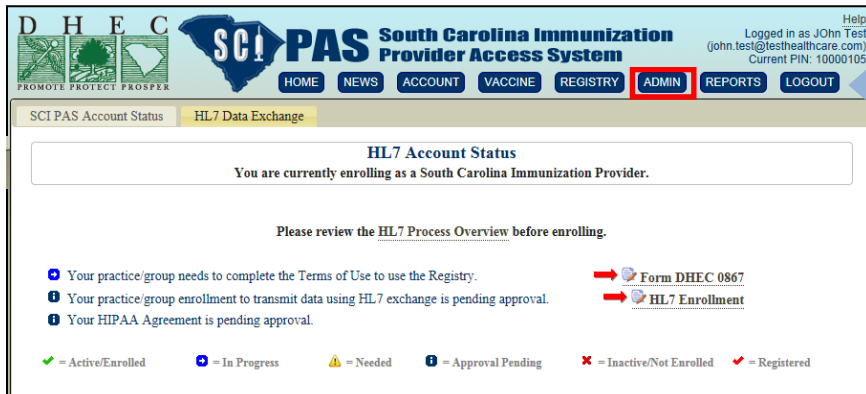


HL7 Data Exchange On-Boarding is complete if the Senior Prescribing Authority **CAN** legally bind provider.

As mentioned in the Process Overview, the organization contact and the Technical IT Contact entered on the HL7 Enrollment document will be notified of the next steps in the on-boarding process.

If Senior Prescribing Authority **CANNOT** legally bind provider, refer to [Creating Legal Signature Authority Account](#) section on page 9.

Creating Legal Signature Authority Account



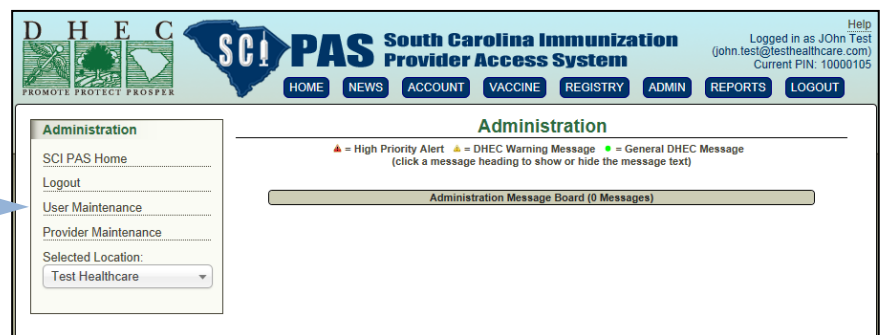
ON-BOARDING STEP 4 (IF NEEDED):

To begin the Legal Signature Authority account creation,

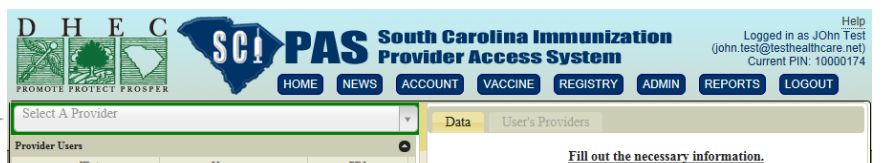
ON-BOARDING STEP 4 (IF NEEDED):

To begin the Legal Signature Authority account creation,

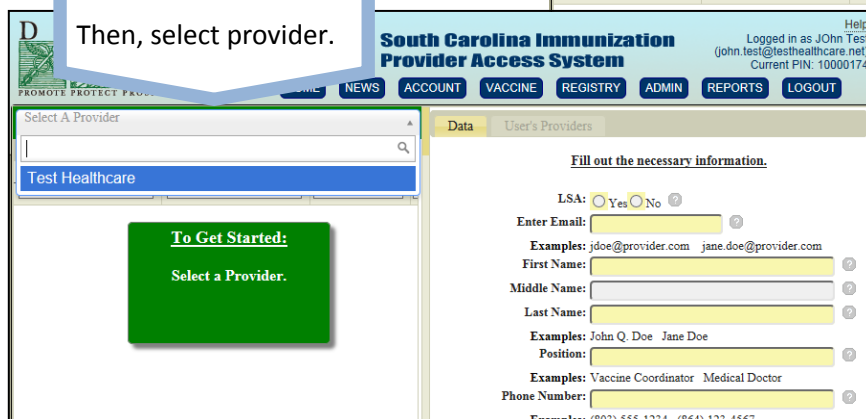
Click **USER MAINTENANCE**.



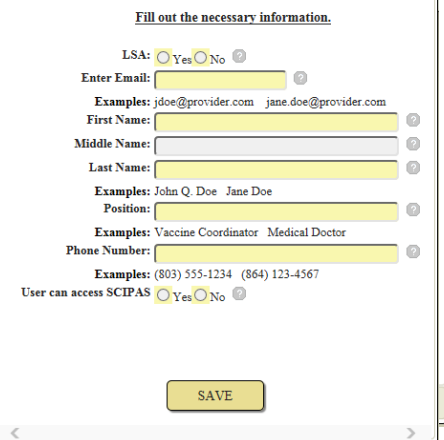
Click on dropdown arrow.



Then, select provider.



To Get Started:
Select a Provider.



Fill out the necessary information.

LSA: ☐ Yes ☐ No

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

User can access SCIPAS: ☐ Yes ☐ No

SAVE

The screenshot shows the SCIPAS 'User's Providers' form. On the left, a table lists existing providers. The 'NEW' button at the bottom left of this table is highlighted with a red box. A blue arrow points to this button with the text 'Click NEW.'.

Provider Users Table:

ID	Username	PIN
12467	john.test@testhealthcare.com	10000206

User's Providers Form Fields:

Fill out the necessary information.

User Type: ☐ ESA ☐ LSA ☐ Neither

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

User can access SCIPAS: ☒ Yes ☐ No

SAVE

The screenshot shows the same SCIPAS 'User's Providers' form, but now with a new provider entry. The 'LSA' radio button is selected, and the form fields are filled out. A red box highlights the entire form area. A blue arrow points to the 'SAVE' button at the bottom with the text 'Click SAVE.'.

Provider Users Table:

ID	Username	PIN
12467	john.test@testhealthcare.com	10000206

User's Providers Form Fields:

Fill out the necessary information.

User Type: ☐ ESA ☒ LSA ☐ Neither

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

SAVE

For Legal Signature Authority (LSA), select LSA.

Then, enter Legal Signature Authority's information.

The Legal Signature Authority will use the PIN for his/her temporary password at login. Provide the Legal Signature Authority with this temporary password to login into SCI PAS to review the South Carolina Immunization Registry Terms of Use and sign electronically.

Click **LOGOUT**.

ID	Username	PIN
12465	james.legal@testhealthcare.com	10000206
12467	john.test@testhealthcare.com	10000206

Fill out the necessary information.

User Type: ☐ ESA ☒ LSA ☐ Neither

Enter Email:

Examples: jdoe@provider.com jane.doe@provider.com

First Name:

Middle Name:

Last Name:

Examples: John Q. Doe Jane Doe

Position:

Examples: Vaccine Coordinator Medical Doctor

Phone Number:

Examples: (803) 555-1234 (864) 123-4567

User can access SCIPAS: ☒ Yes ☐ No

SAVE



The Senior Prescribing Authority should have now completed all necessary documents for HL7 Data Exchange On-Boarding. If the Legal Signature Authority is unable to submit the South Carolina Immunization Registry Terms of Use, the Senior Prescribing Authority will need to login to SCI PAS to review the form for any omitted required fields. Go to page 2 for guidance for [Navigating to HL7 Data Exchange Tab](#).

As mentioned in the Process Overview, the organization contact and the Technical IT Contact entered on the HL7 Enrollment document will be notified of the next steps in the on-boarding process.

Legal Signature Authority Login

The Legal Signature Authority will use his/her email address as the username and the temporary password (PIN) provided by the Senior Prescribing Authority to access SCI PAS to electronically sign the South Carolina Immunization Registry Terms of Use. To access SCI PAS, please go to:

<https://www.scdhec.gov/scipas/>

The Legal Signature Authority will enter his/her email address in the Username field and the temporary password provided by the Senior Prescribing Authority in the Password field.

Click **LOGIN**.

Immediately upon initial login, Legal Signature Authority is prompted to change password.

Click **OK**.

First, enter the temporary password in the **Current Password** field.

Enter **New Password** twice. Password must be at least 8 characters long and include:

- Uppercase letter
- Lowercase letter
- Symbol
- Number (minimum of 2)

The Change button will not activate until the new password meets agency password requirements.

When password has been entered twice and meets agency password requirements, click **Change**.

Window appears confirming password changed. Click **OK**.

Keep your password documented in a safe and secure place!

Electronic Signature of Legal Signature Authority on South Carolina Immunization Registry Terms of Use, Form DHEC 0867

After changing password, the SCI PAS Account Status screen will be displayed. Click on the **HL7 DATA EXCHANGE** tab.

Click on the **Form DHEC 0867**.

The Legal Signature Authority must read the South Carolina Immunization Registry Terms of Use.

*Quick Reference Guide for
HL7 Data Exchange On-Boarding*

Revision: 05/23/2014

D H E C **SCiPAS** South Carolina Immunization
Provider Access System

HOME ACCOUNT REGISTRY LOGOUT

Help
Logged in as James Legal
(james.legal@testhealthcare.com)
Current PIN: 10000105

[Print Preview \(hit your Browser's "print" key to print\)](#)

* Date Reviewed/Updated: 04/22/2014

* Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? ☐ Yes ☒ No

Instructions: Since the Senior Prescribing Authority cannot legally bind this form, a Legal Signature Authority must sign. If an LSA user is not already set up, their profile can be added through the provider maintenance wizard in the admin section. Refer to the quick reference guide for step by step instructions.

LEGAL SIGNATURE AUTHORITY
(IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY)

Legal Signature Authority - Enter your email address as your electronic signature:

Name of Legal Signature Authority:

Title of Legal Signature Authority:

Date Reviewed/Updated:

The Legal Signature Authority by entering his/her email address agrees with the South Carolina Immunization Registry Terms of Use previously electronically signed by the Senior Prescribing Authority. The Legal Signature Authority will also enter name, title and date reviewed.

D H E C **SCiPAS** South Carolina Immunization
Provider Access System

HOME ACCOUNT REGISTRY LOGOUT

Help
Logged in as James Legal
(james.legal@testhealthcare.com)
Current PIN: 10000105

[Print Preview \(hit your Browser's "print" key to print\)](#)

* Date Reviewed/Updated: 04/22/2014

* Can the Senior Prescribing Authority named above legally bind Provider (Facility Name) identified above? ☐ Yes ☒ No

Instructions: Since the Senior Prescribing Authority cannot legally bind this form, a Legal Signature Authority must sign. If an LSA user is not already set up, their profile can be added through the provider maintenance wizard in the admin section. Refer to the quick reference guide for step by step instructions.

LEGAL SIGNATURE AUTHORITY
(IN ADDITION TO SENIOR PRESCRIBING AUTHORITY, IF NECESSARY)

Legal Signature Authority - Enter your email address as your electronic signature: james.legal@testhealthcare.com

Name of Legal Signature Authority: James Legal

Title of Legal Signature Authority: CEO

Date Reviewed/Updated: 04/22/2014

Contact Person

* Name: Becky Contact

* Email: becky_contact@testhealthcare.com

* Telephone: (803) 898-5555

* Fax: (803) 898-4444

If a group, etc.: Employer ID#:

If an enrolled VFC Provider: PIN:

The entire form is completed, click submit when ready.
DHEC will not review forms until they have been submitted.

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

DHEC 0867 (Rev. 04/07/2014)

The Legal Signature Authority will click **SUBMIT**. If SUBMIT is inactive, the Senior Prescribing Authority will need to review the form for omitted required fields.

The Legal Signature Authority should have now completed the necessary document for HL7 Data Exchange On-Boarding. Click **LOGOUT**.